

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						51
2		1					52
3							53
4							54
5		3					55
6		3					56
7							57
8		1					58
9		1					59
10		1					60
11		1					61
12		1					62
13		1					63
14							64
15		1					65
16							66
17							67
18							68
19							69
20							70
21							71
22		2					72
23		2					73
24		1					74
25							75
26							76
27							77
28							78
29							79
30							80
31	1						81
32		1					82
33		1					83
34							84
35							85
36							86
37		3					87
38		8					88
39		1					89
40		1					90
41		1					91
42		1					92
43		1					93
44		1					94
45		1					95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS